

CIGNA HEALTHCARE (POS)

	(This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at www.Cigna.com	
COVERAGE PLAN DESCRIPTION	<u>IN NETWORK</u> A managed care program which offers employees, covered dependents and retirees the ability to use selected hospitals and doctors, with 100% benefits for covered charges, after applicable co-payments. You select a primary care physician who manages your healthcare needs within the network.	<u>OUT OF NETWORK</u> A fee for service program that provides you the freedom to use any physician or accredited hospital of your choice without going through a primary care physician (PCP). Payments are based on reasonable and customary (R & C) charges. Providers who do not participate in CIGNA's network may balance bill you for the amount which exceeds R & C. Coverage is subject to deductibles and co-insurance.
DEDUCTIBLES/COPAYMENTS	Co-payments \$10 Physician office visit \$50 Emergency Room (waived if admitted) \$5/\$10/\$15 Prescriptions for 30 day supply Mail Order: \$10/\$20/\$30 for 90 day supply.	Deductible \$200 per individual; \$500 per family \$50 Emergency Room Co-payment (waived if admitted) Prescription benefit same as in network. See below for clarification
PHYSICIANS	Choose any primary care physician from CIGNA HealthCare participating provider list. Covered family members may choose their own primary care physician.	Choose any licensed physician; covered charges payable at 70% of reasonable & customary (R & C) after deductible.
<u>A. IN-HOSPITAL PHYSICIAN SERVICES:</u> Surgery/Visits & Consultations Anesthesiologist	Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.	Benefits payable at 70% reasonable & customary (R & C) covered charges, after deductible is met.
<u>B. OUT-PATIENT PHYSICIAN SERVICES:</u> Office visits for illness	\$10 co-payment; then 100%	70% of R & C covered charges, after deductible is met.
Office visits for injury	\$10 co-payment; then 100%	70% of R & C covered charges, after deductible is met.
Diagnostic X-Rays, Lab Tests, X-Ray treatments	100%	70% of R & C covered charges, after deductible is met.
Pediatrician 1) Medically Necessary	\$10 co-payment; then 100%	70% of R & C covered charges, after deductible is met.
2) Preventive (Child Health Supervision Services)	\$10 co-payment; then 100% Covers one visit per calendar year for all services provided up to age 16.	100% of R & C covered charges, no deductible.
Routine Physical	\$10 co-payment; then 100%	Not covered
Obstetrical/Gynecological	\$10 co-payment, then 100%. PCP referral not required. Mammograms, PAP smears payable at 100%	70% of R & C covered charges, after deductible is met.

Durable Medical Equipment (DME):	Covered at 100%.	70% of R & C charges after deductible is met.
Out of Area:		
1) Emergency	\$50 co-pay, waived if admitted/100%.	\$50 co-pay, waived if admitted/100%.
2) Non-Emergency	70% of R & C charges after deductible is met.	70% of R & C charges after deductible is met.
	Maximum lifetime benefits is unlimited in-network, \$1 million out of network. Out-of-network annual out-of-pocket maximum is \$1,500 per individual for participating providers in the traditional network, no family maximum. Non-participating out-of-network providers have not agreed to accept CIGNA's reasonable and customary standard (R & C) as payment in full for covered services. Therefore, if a non-participating provider is used the insured is also responsible for the difference between R & C and the non-participating provider's actual charges.	